who had brought the victim to the hospital could not deposit advance of Rs. 15000/-. The patient was simply shifted to a Government Hospital (which was at a distance) without any transfer records. The National Consumer Redressal Commission, New Delhi as awarded a compensation of Rs. 10 lakh in this case.

Observations of the Commission in its order dated 25.04.05 have been conveyed to all State Governments for issue of appropriate advice to all Hospitals including Private Hospitals.

The Hon'ble Supreme Court in its judgement 6.5.1996 in the case No.1 796/92-Paschim Bangal Khet Mazdoor Samity *Vs.* State of Bengal & Others has also stressed to provide medical services and its improvement in the country to the citizens. The judgement was circulated to all the State Governments and Central Government Hospitals for strict compliance.

Task force for medical education

†2152. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are going to constitute a task force of experts to keep an eye on doctors and medical education;

(b) if so, the comprehensive details thereof; and

(c) the jurisdiction of the aforesaid task force?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Yes, Sir. The matter is under the consideration of the Government.

WHO's warning on mother and child deaths

2153. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that WHO has warned India that the number of untimely death of mothers and children could shoot up;

(b) if so, the complete details thereof; and

†Original notice of the question was received in Hindi.

(c) the efforts of his ministry to get over this tragedy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No Sir. However, the World Health Organization have released the World Health Report 2005 in which, among other thing has highlighted the status of the Health of mothers and children in 192 countries of the world. According to this report, India is one of the 51 countries which have shown a slow decline in reducing mortality among children under 5 years of age. The report further states that these 51 countries will need to accelerate their efforts over the next ten years for achieving the millennium development goals on infant and maternal mortality rates by the year 2015.

(c) The National Population Policy-2000 and the National Health Policy—2002 of Govt. of India have laid down specific goals for bringing down the infant mortality rate to less than 30 and the maternal mortality rate to less than 100 by the year 2010. These Goals are in conformity with the Millennium Development Goals as mentioned in the World Health Report 2005.

2. For achieving these goals, the Reproductive and Child Health Programme (RCH) is under implementation in all States and UTs of the country since 1997. A number of interventions are being implemented for improving the maternal and child health and bringing down mortality rates as part of this programme.

3. The interventions for improving maternal health are (i) essential obstetric care, (ii) emergency obstetric care, (iii) referral transport for pregnant women with complication of pregnancy, (iv) provision of drugs and equipments at First Referral Units (FRUs), (v) Provision of contractual staff like addition Auxiliary Nurse Midwife (ANMs), (vi) staff nurses and hiring of anaesthetists, In the second phase of the RCH Programme, provision has been made to accelerate the decline of Maternal Mortality and Morbidity by introducing new interventions like operationalisation of First Referral Units (FRUs), providing 24-hour delivery and new born care services at Community Health Centres (CHCs) and Primary Health Centres (PHCs) and training of ANM and LHV to become skill birth attendants.

4. For reducing child and infant mortality, the interventions include (i) immunization against six vaccine preventable diseases, (ii) control of deaths due to diarrhoeal disease, (iii) control of deaths due to Acute Respiratory Infections, (iv) eradication of polio, (v) prophylaxis against blindness due to Vitamin A deficiency and (vi) essential new born care. As part of the second phase of RCH Programme, the Integrated Management for Newborn and Childhood Illness (IMNCI) will be implemented in the districts in phased manner.

5. Government of India have recently launched the National Rural Health Mission (NRHM) in order to improve the availability of land access to quality health care including services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States.These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM, the services provided under the RCH Programme will be strengthened through:

- Implementation of the Janani Suraksha Yojana (JSY) under which case incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center/hospital.
- Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for ante-natal care institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.
- Making 50% Primary Health Centres functional for providing 24-hours delivery services, over the next five years.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.